

Purpose: This application must be used when applying for or renewing an existing Use Agreement with the Department of Motor Vehicles (DMV). A Use Agreement is needed when obtaining driver, vehicle, and/or personal information from DMV's record database.

Instructions:

1. Complete in ink or type. If you downloaded this application from DMV's website you may complete it online. However, you must print the form, sign it and include attachments for Parts 8 and 9. Form US 531C provides information about DMV's information-use criteria that may assist you in completing Parts 8 and 9. Form US 531C is available at www.dmvNOW.com.
2. Complete **all** parts of the application. Be as specific as possible. If additional space is needed, attach additional pages. Write N/A beside any part(s) or question(s) that do not apply.
3. Have an authorized agent or representative of the applicant sign and date the application. Unsigned or incomplete applications cannot be processed and will be returned to the applicant.
4. If completing an Information Use Application with this application, only one \$25 application fee is required. **(Government agencies are not required to pay a \$25 application fee.)**
4. Mail the completed application, supporting documents, and a \$25 application fee to the address below.

User Services
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

SPECIAL APPLICATION NOTES AND PROVISIONS

- This application is subject to change based on changes in state or federal laws, rules, and regulations governing access and use of the requested information.
- By submitting this application, the applicant agrees to comply with all federal and state statutes, rules and regulations and all DMV policies pertaining to personal information disseminated by DMV. Applicants are subject to the provisions of and should be familiar with the following: the Code of Virginia §§ 2.2-3800 through 2.2-3809 and §§ 46.2-208, 46.2-209 and 46.2-210; the Federal Driver's Privacy Protection Act (DPPA), 18 U.S.C. §§ 2721 through 2725; the Fair Credit Reporting Act, Public Law 91-508.
- Violation of the state laws concerning use of DMV information and files is punishable under state law as a Class 4 misdemeanor. Violation of Federal Public Law 91-508, (Fair Credit Reporting Act), and the provisions therein is punishable by a fine up to \$5,000 or two years imprisonment or both.
- Applications with false, misleading, or otherwise deceptive information will not be processed and may be grounds for criminal prosecution under state and federal law.

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The information below is required by the State Comptroller for debt set-off collection purposes in accordance with Code of Virginia §§ 2.2-803 and 2.2-4800, et al.

Print or type

PART 1: USER INFORMATION		
CURRENT DATE (mm/dd/yyyy)	BUSINESS NAME	
THIS APPLICATION IS FOR: (check the appropriate box) <input type="checkbox"/> NEW APPLICANT <input type="checkbox"/> RENEWAL		TYPE OF BUSINESS
FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER		
STREET ADDRESS (street and post office box)		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER ()	FAX NUMBER ()	EMAIL ADDRESS

PART 2: TYPE OF INFORMATION REQUESTED
Give a detailed description of the information you are requesting. Attach additional pages, if needed.

PART 3: PURPOSE FOR INFORMATION REQUESTED
Be specific in describing how the requested information will be used. Attach additional pages, if needed.

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PART 4: INFORMATION DELIVERY METHOD

Check all blocks that indicate how you wish to receive the requested information.

<input type="checkbox"/>	PICK UP printed information
<input type="checkbox"/>	Receive printed information via MAIL
<input type="checkbox"/>	PICK UP computer tapes containing information
<input type="checkbox"/>	Receive computer tapes containing information via MAIL
<input type="checkbox"/>	Request information via ONLINE computer access (high volume only)

PART 5: INFORMATION SYSTEM CONTACT PERSON

CONTACT PERSON NAME (for online access only)	
ADDRESS (if different from applicant address)	
CONTACT PERSON TITLE	TELEPHONE NUMBER ()
EMAIL ADDRESS	FAX NUMBER ()

PART 6: USER LIST

Provide a list of all users and a description of the type of access needed to obtain information. Attach a separate list of names if necessary.

Do you plan to use a third party information service? ☐ Yes ☐ No If yes, provide name of the service below.

PART 7: BILLING INFORMATION

Check the block that indicates how you wish to be billed.

<input type="checkbox"/>	Pay in person AT TIME OF RECEIPT
<input type="checkbox"/>	DIRECT BILLING monthly by DMV
<input type="checkbox"/>	Applicant is EXEMPT FROM FEES based on Section 46.2-214 of the Code of Virginia, as amended
<input type="checkbox"/>	Pay a Third Party Information Service for access and information/transactions. (Complete information below.)
	INFORMATION SERVICE NAME
	CONTACT PERSON NAME
	TELEPHONE NUMBER ()

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PART 8: INFORMATION SECURITY (Must be attached to this application)

Attach a copy of a plan outlining the steps or methods you will take to secure and protect the information requested in this application. Be as thorough as possible and address the following points.

- Security of files and/or copies of records (for hardcopy)
- Security of online computer terminals (online users only)
- Designation of authorized users/assignment of access codes
- For automated interfaces/electronic extraction and storage of data, if applicable
 - Security of records, files, and systems
 - Names and addresses of data extraction method and software creators/vendors
 - Network diagrams and descriptions of data extraction methods and software
 - Descriptions of system support processes including backup methods and frequencies
- Proposed audit/management controls over access and dissemination of requested information

PART 9: VALIDATION OF USER NEED (Must be attached to this application)

Attach a copy of any documents supporting the need for the requested information and verifying the identity of the company or user. Be as thorough as possible and address the following points.

- Business license or professional license
- Company charter, annual report or financial statement
- Statement on company letterhead from the applicant user
- Other items validating the user's need as explained in Part 3

PART 10: CERTIFICATION

I, the undersigned, certify that: 1) all information contained herein is true; 2) I am a duly authorized agent of the applicant; and 3) I am authorized to make application to DMV for an information use agreement for the purpose stated in this application.

USER/BUSINESS NAME (print or type)

REQUEST DATE (mm/dd/yyyy)

AUTHORIZED REPRESENTATIVE NAME (print or type)

TITLE (print or type)

AUTHORIZED REPRESENTATIVE ADDRESS (if different from Part 1)

SIGNATURE

TELEPHONE NUMBER

()

FAX NUMBER

()

EMAIL ADDRESS

DMV USE ONLY

APPLICATION

☐ Approved

☐ Denied

SIGNATURE

IF APPROVED, LIST DATE (mm/dd/yyyy) USE AGREEMENT MAILED

TITLE

IF DENIED, GIVE REASON(S)

DATE (mm/dd/yyyy)